

Preliminary Site Report by Indian Housing Authority

U.S. Department of Housing
and Urban Development
Office of Public and
Indian Housing

OMB Approval No. 2577-0130 (Exp. 7/31/98)

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Do not send this form to the above address.

Prepare and submit an original and two copies of this report and any attachments.

1. Name of IHA		3. Number of Units		
		a. Elderly		
		b. Nonelderly		
2. Report Number _____ of _____ Reports for PROJECT NUMBER _____.		c. Total		
4. Production Method a. <input type="checkbox"/> Conventional c. <input type="checkbox"/> Acquisition b. <input type="checkbox"/> Turnkey d. <input type="checkbox"/> Force Account		2. Program Type a. <input type="checkbox"/> Mutual Help b. <input type="checkbox"/> Rental		
		6. Date of IHA Site Inspection		
		7. Site Location		
8. Congressional District	10. Type of Site	11. Assumed Building Types	12. Area of Site	13. Tentative Gross Density
9. Census Enumeration District	a. <input type="checkbox"/> Multiunit b. <input type="checkbox"/> Scattered	a. <input type="checkbox"/> D d. <input type="checkbox"/> AW b. <input type="checkbox"/> SD e. <input type="checkbox"/> AE c. <input type="checkbox"/> R	a. In acres _____ b. In sq. ft. _____	_____ DU's/Acre
14. Land Status:		15. Zoning:		16. Demolition:
a. (1) <input type="checkbox"/> Trust or Restricted (2) <input type="checkbox"/> Unrestricted b. (1) <input type="checkbox"/> Tribally Owned (2) <input type="checkbox"/> Individually Owned For individually owned trust or restricted land, attach a written assurance from the BIA as to the timely execution of losses.		Identify existing zoning for the site _____; if unsuitable, identify zoning required _____ and source of official assurance		a. <input type="checkbox"/> None involved b. <input type="checkbox"/> Dwelling Units (Estimated No. of DU's _____) c. <input type="checkbox"/> Nondwelling Structures
17. Relocation				
a. <input type="checkbox"/> No Displacement		b. <input type="checkbox"/> Temporary Displacement		c. <input type="checkbox"/> Permanent Displacement
18. Physical Characteristics: Describe briefly the nature of the site as to topography, subsurface conditions, flooding and relating site selection criteria (Chapter 3 of the Handbook), including those identified below, and note any anticipated problems with respect to obtaining compliance therewith:				
a. Indicate the % of area for each site with grades 0 to 5%, 6 to 10%, 11 to 15%, 16% and above:			b. For low-lying and flat-sites, indicate level of rainfall:	
c. Describe known subsurface conditions. Where any problems are known to exist, describe the results of the preliminary examination indicating that the adverse conditions can be overcome:				
d. Does the site lie within one area identified by HUD as having special flood hazards?			e. State whether the hazard of earthslides exists either on the site or on adjacent or nearby land:	
f. State site's exposure to noise (attach letter of advice, if appropriate) and to earthquakes:				
g. Other Comments:				

Program Number:

19. Utilities: Check the utilities proposed for the site and provide information as indicated for each type of utility. Explain how each utility will be provided, including, as applicable, how each extension will be obtained and financed. Attach written assurances in accordance with the Handbook.

Service	On-Site	Off-Site	Size	Distance To Site	
a. Access Roads				_____ Ft.	
b. Sanitary Sewer				_____ Ft.	
c. Water				_____ Ft.	
d. Gas				_____ Ft.	
e. Electricity				_____ Ft.	
f. Storm Sewer				_____ Ft.	
g. <input type="checkbox"/> Bottled Gas h. <input type="checkbox"/> Fuel Oil i. <input type="checkbox"/> Coal					
j. <input type="checkbox"/> Wood k. <input type="checkbox"/> Other (Identify)					

20. Locality Map: Attach a map of the locality, locating the sites. Locate on the map existing and proposed facilities, including (a) the principal industrial, commercial, or other areas providing employment opportunities for prospective residents, (b) public schools service the project neighborhood, (c) public transportation lines, (d) neighborhood shopping facilities, and (e) available social, recreational and health facilities and services.

21. Plat: Attach a plat showing site boundaries; parcel ownership; use of adjacent property; access roads and boundary streets, indicating names, width of rights of way and type of surfacing. Where applicable, label unimproved. Include information sufficient to show the specific location of the site in relationship to the nearest points of reference.

22. Alternate Sites: If alternative sites have been or are able to be submitted, identify all sites and indicate order of preference among the alternatives.

23. Area of Site		Square Feet	Acres	24. Estimated Site Costs	
a. Area to be leased				a. Surveys and Maps	\$
b. Area to be purchased					
c. Area to be donated				b. Appraisals	
d. Area to be vacated					
e. Total to be acquired				c. Title information	
Number of Parcels					
Vacant	Improved	Total		d. Option negotiations	
				e. Relocation of site occupants	
				f. Acquisition	

Program Number:

25. Parcels Comprising Site (Place an * by Parcel Number where MH land contribution is involved.)

[illegible]

Project Number:

26. IHA remarks: State reason for recommending exclusion of any parcel from site; acquisition difficulties; and conditions, if any, for recommendation of site approval. In addition, cite any local or regional plans, including tribal plans which served as the basis for selecting the site proposed.

Site Approval Recommended and Required:		
Date	Executive Director	Signature of Executive Director

27. IHS and BIA Recommendations: Where required by the Regulations and the Handbook, the signature of the appropriate official of the BIA and IHS, with title and date indicated, shall be obtained by the IHA in the appropriate space provided below of, if preferred, in an attached letter from these agencies. The IHA shall ensure that modifications, conditions, comments findings and statements provided by these agencies in accordance with the Regulations and the Interdepartment Agreement are either stated below or in the letter attachment.

Recommendations - Insert signature, title, date and comments in the appropriate column.				
	Approval as Submitted	Approval Modifications	Conditional Approval	Disapproval
BIA				
IHS				

Program Number: _____

The following is to be completed by the HUD Field Office

1. Interagency Coordination:

a. Environmental Clearances: From BIA, dated _____: From IHS, dated _____.

b. Site Inspection:

Date

Signature of Appraiser

☐ Made,
dated _____:

☐ Not required based on BIA and
IHS certification

2. Recommendations: Insert signature and date in the appropriate column; attach comments; signature indicates that stated BIA and IHS concerns have been considered and are reflected.

Reviewer	Tentative Site Approval Recommended			Disapproval	Reservations or Conditions Satisfied
	As Submitted	With Modifications	Conditional Approval		
Appraiser					
Environmental Clearance Officer					
Chief, Valuation					
CPD					
EMAD					
HM					
Counsel					
MHR					
Director, HPMC					

3. Date IHA advised of Review

4. Date of Final Site Approval

Results _____